

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	Y	S	ID NO.	DATE
<b>FEES DETERMINATION</b>				
<b>O.I.P.E. CLASSIFIER</b>	12	3	11270	12/15/00
<b>FORMALITY REVIEW</b>	10511	90	1	12/15/00
<b>RESPONSE FORMALITY REVIEW</b>	5			

## INDEX OF CLAIMS

✓ Rejected N Non-elected  
 □ Allowed I Interference  
 - (Through numbers) Canceled A Appeal  
 Restricted O Objected

Claim	Date
1	10/24/00
2	10/24/00
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BEST AVAILABLE COPY

10/24  
12-5-02If more than 150 claims or 10 actions  
staple additional sheet here

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